Prolapsed Gastric Polyp Causing Gastric Outlet Obstruction

Prutha Shah, DO[1]; Nandakumar Mohan, DO[1]; Wei Yan, MD[2]; Michael Rajala, MD PhD[2]
[1]Department of Internal Medicine, Albert Einstein Medical Center, Philadelphia PA
[2]Department of Gastroenterology and Hepatology, Albert Einstein Medical Center, Philadelphia PA

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Key Points

- Large gastric polyp causing physical obstruction is an important differential to consider when evaluating gastric outlet obstruction
- Risk factors for hyperplastic polyp development include *H. Pylori* infection, bile reflux and autoimmune gastritis
- Polyps larger > 5mm should be resected endoscopically to minimize erosion related bleeding/complications and for symptomatic relief
- *H. Pylori* eradication can result in regression of existing polyps and prevent recurrence

CONTACT

Prutha Shah, DO
Albert Einstein Medical Center
Email: prutha.shah@Jefferson.edu
Phone: 732-318-7360

INTRODUCTION

Gastric polyps are epithelial and subepithelial lesions that encompass various pathological conditions. While largely asymptomatic, some may present with bleeding or obstruction. Our case demonstrates a rare presentation of a gastric polyp leading to mechanical complications

CASE

A 64 year old female presented with progressively worsening nausea and vomiting associated with a 20 lbs weight loss since the last 5 weeks. The patient reported vomiting of undigested food shortly after her meals and occasionally during her meals. She denied abdominal pain, dysphagia, odynophagia, alteration of taste, constipation or loss of appetite. She denied similar symptoms with liquids.

Upon evaluation, the patient appeared well and was hemodynamically stable. Labs were unremarkable. An abdominal CT scan showed nodular thickening of distal pylorus and distal duodenal bulb which raised suspicion for malignancy considering the patient's reported weight loss.

REFERENCES

1. Mahachai, V., & Graham, D. Y. (n.d.). Gastric Polyps . UpToDate. Retrieved July 4, 2022, from https://www.uptodate.com/contents/gastric-polyps
2. Gastrointest Endosc February 2021, Volume 93, Issue 2, Pages 309-322.e4 / DOI: https://doi.org/10.1016/j.gie.2020.07.063
3. Am J Gastroenterol 2017; 112:212–238; doi: 10.1038/ajg.2016.563; published online 10 January 2017

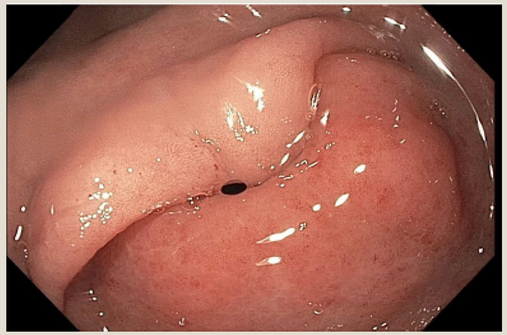

Image 1: Pylorus with gastric polyp prolapsed into duodenum .

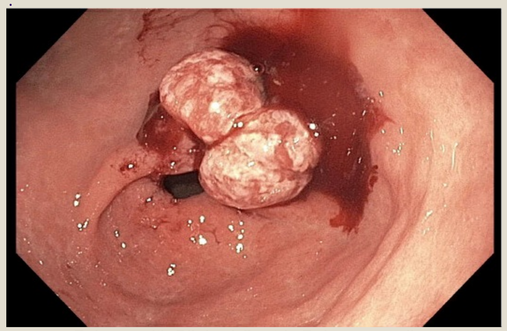

Image 2: Pylorus with Bilobed Gastric Polyp manually pulled back into the Stomach

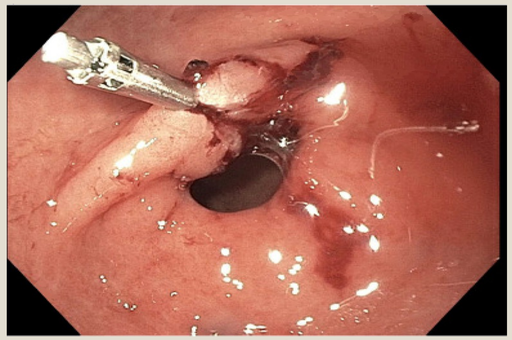

Image 3: Post-Procedure: Pylorus: Single Polypectomy with clip placement

CLINICAL COURSE

An EGD was performed which revealed a bilobed pedunculated gastric antral polyp (approximately 8mm each lobe) prolapsed into the duodenal bulb with multiple papules and nodules in the antrum and inflamed gastric mucosa. The pedunculated gastric polyp was thought to be the cause of the patient's symptoms and was resected. Biopsy results revealed inflamed hyperplastic polyps with mildly active *H. Pylori* gastritis, negative for intestinal metaplasia and dysplasia with some evidence of reactive foveolar hyperplasia. Patient had complete resolution of her symptoms post polypectomy. She was discharged with HP treatment and outpatient follow up care.

DISCUSSION

Patient's symptomatic relief confirmed that the pedunculated antral polyp prolapsed into the duodenal bulb caused gastric outlet obstruction (GOO). Polyps in the stomach are usually small, asymptomatic and discovered incidentally on upper endoscopy. Several risk factors associated with hyperplastic polyps including *HP* infection, bile reflux, and autoimmune gastritis.[1] Rarely, large lesions greater than >2cm in size that are more prone to surface erosion and can cause chronic blood loss and/or GOO. Endoscopic resection of symptomatic polyps and hyperplastic polyps >5mm is currently recommended.[2] Gastric polypectomy is considered a safe and easy procedure however, the risk of bleeding and perforation increases with the size of the polyp. Studies have found that eradication of *HP* resulted in regression of the existing polyps and prevented new polyp development.[3]